BETHEL CENTER 8014 BETHEL ROAD

ARPIN	54410	Phone: (715) 652-2103		Ownership:	Corporation
Operated from	1/1 To 12/31	Days of Operation:	365	Highest Level License:	Skilled
Operate in Con	unction with	Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds	Set Up and St	caffed (12/31/02):	111	Title 18 (Medicare) Certified?	Yes
Total Licensed	Bed Capacity	(12/31/02):	111	Title 19 (Medicaid) Certified?	Yes
Number of Resid	dents on 12/31	L/02:	109	Average Daily Census:	108
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Services Provided to Non-Residents	Age, Sex, and Primary Diagn	Length of Stay (12/31/02)					
Home Health Care	No	Primary Diagnosis	 %	Age Groups	%	Less Than 1 Year	33.0
Supp. Home Care-Personal Care	No					1 - 4 Years	45.9
Supp. Home Care-Household Services	No	Developmental Disabilities	0.9	Under 65	0.9	More Than 4 Years	21.1
Day Services	No	Mental Illness (Org./Psy)	45.9	65 - 74	8.3	I	
Respite Care	No	Mental Illness (Other)	7.3	75 - 84	31.2	I	100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	53.2	* * * * * * * * * * * * * * * * * * *	*****
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	6.4	Full-Time Equivalent	t
Congregate Meals	No	Cancer	0.0			Nursing Staff per 100 Re:	sidents
Home Delivered Meals	No	Fractures	0.0		100.0	(12/31/02)	
Other Meals	No	Cardiovascular	19.3	65 & Over	99.1		
Transportation	No	Cerebrovascular	9.2			RNs	11.8
Referral Service	No	Diabetes	2.8	Sex	용	LPNs	3.7
Other Services	No	Respiratory	5.5			Nursing Assistants,	
Provide Day Programming for		Other Medical Conditions	9.2	Male	40.4	Aides, & Orderlies	50.4
Mentally Ill	No			Female	59.6		
Provide Day Programming for			100.0			I	
Developmentally Disabled	No				100.0	I	

Method of Reimbursement

		Medicare			edicaid			Other			Private Pay	:		amily Care		1	Managed Care			
Level of Care	No.	90	Per Diem (\$)	No.	%	Per Diem (\$)	No.	0/0	Per Diem (\$)	No.	90	Per Diem (\$)	No.	0/0	Per Diem (\$)	No.	olo	Per Diem (\$)	Total Resi- dents	Of
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	12	100.0	304	71	95.9	104	0	0.0	0	17	100.0	145	0	0.0	0	6	100.0	125	106	97.2
Intermediate				3	4.1	86	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	3	2.8
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	12	100.0		74	100.0		0	0.0		17	100.0		0	0.0		6	100.0		109	100.0

BETHEL CENTER

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Admissions, Discharges, and		Percent Distribution	of Residents'	Condit	ions, Services	, and Activities as of 12	/31/02
Deaths During Reporting Period							
				٩	% Needing		Total
Percent Admissions from:		Activities of	%	Ass	sistance of	% Totally	Number of
Private Home/No Home Health	4.1	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents
Private Home/With Home Health	2.0	Bathing	0.0		94.5	5.5	109
Other Nursing Homes	1.0	Dressing	15.6			5.5	109
Acute Care Hospitals	88.8	Transferring	40.4		54.1	5.5	109
Psych. HospMR/DD Facilities	0.0	Toilet Use	27.5		48.6	23.9	109
Rehabilitation Hospitals	1.0	Eating	66.1		22.0	11.9	109
Other Locations	3.1	******	******	*****	*****	* * * * * * * * * * * * * * * * * * * *	******
Total Number of Admissions	98	Continence		용	Special Trea	tments	8
Percent Discharges To:		Indwelling Or Extern	nal Catheter	7.3	Receiving :	Respiratory Care	0.0
Private Home/No Home Health	21.2	Occ/Freq. Incontiner	nt of Bladder	40.4	Receiving	Tracheostomy Care	0.0
Private Home/With Home Health	16.2	Occ/Freq. Incontiner	nt of Bowel	26.6	Receiving	Suctioning	0.0
Other Nursing Homes	1.0				Receiving	Ostomy Care	1.8
Acute Care Hospitals	19.2	Mobility			Receiving	Tube Feeding	0.0
Psych. HospMR/DD Facilities	2.0	Physically Restraine	ed	2.8	Receiving 1	Mechanically Altered Diet	s 44.0
Rehabilitation Hospitals	1.0						
Other Locations	10.1	Skin Care			Other Reside:	nt Characteristics	
Deaths	29.3	With Pressure Sores		2.8	Have Advan	ce Directives	70.6
Total Number of Discharges		With Rashes		3.7	Medications		
(Including Deaths)	99				Receiving	Psychoactive Drugs	59.6

Selected Statistics: This Facility Compared to All Similar Urban Area Facilities & Compared to All Facilities

		Owne	ership:	Bed	Size:	Lic	ensure:			
	This	Prop	prietary	100	-199	Ski	lled	Al	1	
	Facility	Peer	Group	Peer	Group	Peer	Group	Faci	lities	
	%	% Ratio		%	% Ratio		Ratio	90	Ratio	
Occupancy Rate: Average Daily Census/Licensed Beds	97.3	85.1	1.14	85.5	1.14	86.7	1.12	85.1	1.14	
Current Residents from In-County	90.8	75.4	1.21	78.5	1.16	69.3	1.31	76.6	1.19	
Admissions from In-County, Still Residing	27.6	20.1	1.37	24.7	1.12	22.5	1.23	20.3	1.36	
Admissions/Average Daily Census	90.7	138.3	0.66	114.6	0.79	102.9	0.88	133.4	0.68	
Discharges/Average Daily Census	91.7	139.7	0.66	114.9	0.80	105.2	0.87	135.3	0.68	
Discharges To Private Residence/Average Daily Census	34.3	57.6	0.59	47.9	0.72	40.9	0.84	56.6	0.61	
Residents Receiving Skilled Care	97.2	94.3	1.03	94.9	1.02	91.6	1.06	86.3	1.13	
Residents Aged 65 and Older	99.1	95.0	1.04	94.1	1.05	93.6	1.06	87.7	1.13	
Title 19 (Medicaid) Funded Residents	67.9	64.9	1.05	66.1	1.03	69.0	0.98	67.5	1.01	
Private Pay Funded Residents	15.6	20.4	0.76	21.5	0.73	21.2	0.73	21.0	0.74	
Developmentally Disabled Residents	0.9	0.8	1.16	0.6	1.45	0.6	1.62	7.1	0.13	
Mentally Ill Residents	53.2	30.3	1.76	36.8	1.44	37.8	1.41	33.3	1.60	
General Medical Service Residents	9.2	23.6	0.39	22.8	0.40	22.3	0.41	20.5	0.45	
Impaired ADL (Mean)	40.6	48.6	0.83	49.1	0.83	47.5	0.85	49.3	0.82	
Psychological Problems	59.6	55.2	1.08	53.4	1.12	56.9	1.05	54.0	1.10	
Nursing Care Required (Mean)	6.5	6.6	0.99	6.8	0.96	6.8	0.96	7.2	0.91	